

English Language Learner Monitoring SY 2004-2005
Proposed Resolution of Noncompliance Findings
Under the Flores Consent Order (CIV 92-596 TUC ACM)

Date:	
LEA:	ELL Program Coordinator:

Instructions: Please review your attached Corrective Action Plan. Complete this form and return it (and the plan) to ADE with all applicable documentation that supports the resolution of noncompliant item(s) indicated on your Corrective Action Plan.

The LEA certifies that all corrective action items listed in the attachment have been or will be implemented according to dates indicated on the corrective action plan.

Signature of authorized agent
(Required)

Date

Telephone number

Print name **and** title of authorized agent

Please return all required forms and documentation to:

Arizona Department of Education
English Acquisition Services Unit
Attention: Sheryl Green
1535 W. Jefferson, Bin 31
Phoenix, Arizona 85007

~ OR ~

Arizona Department of Education
English Acquisition Services Unit
Attention: Sheryl Green
Fax: 602.542.3050
Email: sgreen@ade.az.gov

Arizona Self-Assessment
State Education Programs for English Language Learners (ELLs)
CORRECTIVE ACTION PLAN

LEA: _____ DATE: _____

TITLE AND NUMBER OF SECTION(S) IN CORRECTIVE ACTION ITEMS:

Item to be Completed	What and How (Use action verbs like “develop”, “disseminate” or “train”)	Person Responsible	Completion Date	Evidence	ADE Only

Please return completed form to the English Acquisition Services Unit.